

# Cornerways Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cornerways Medical Centre on 21 June 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, fire and health and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. However, staff development plans and appraisals were not up to date.
- We found there were gaps in the training staff needed to undertake their roles. For example, not all staff had received regular training in fire safety, safeguarding, infection prevention control or basic life support.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there are areas where the provider must make improvement:

- Ensure that staff undertake all training necessary for them to perform their roles such as infection control, safeguarding, fire safety and basic life support.

# Summary of findings

- Ensure that recommendations from risk assessments are carried out as recommended, such as health and safety and fire.
- Ensure that the issue and use of blank prescriptions are consistently recorded.
- Ensure recruitment arrangements include all necessary employment checks for all staff and that staff receive regular appraisals and complete induction programmes.
- Ensure the first aid kit contains products that are effective for use.

In addition, there are areas where the provider should make improvement:

- Review the responses to complaints to ensure they are consistently in line with recommended guidance.
- Review the process for identifying carers at the practice so their needs can be adequately supported.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Recommended actions from Health and Safety risk assessments, including fire safety, were not consistently completed by the practice.
- Appropriate recruitment checks were not consistently undertaken. Staff did not receive regular training on child and adult safeguarding and basic life support.
- The use of blank computer generated prescriptions were not logged by the practice.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff did not always have had the skills, knowledge and experience to deliver effective care and treatment as recommended training programmes were not always followed.
- There was evidence of appraisals and personal development plans for all staff, however not all of these were up to date.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Requires improvement**



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice rated similar to or higher than national averages for aspects of care. For example, 87% of patients stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern, compared to a national average of 85%.
- Feedback from patients about their care and treatment was consistently positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but these were not consistently implemented.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was evidence of appraisals and personal development plans for staff, however some of these were overdue.
- Risks to patients were not consistently well-managed.
- The practice did not ensure that all staff completed the training they considered to be mandatory.
- The practice sought feedback from staff and patients, which it acted upon.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older patients were similar or better than the national average. For example, the practice had a higher prevalence of cancer compared to the national average. 91% of patients diagnosed with cancer had a review within six months of diagnosis, which was higher than the Clinical Commissioning Group (CCG) average of 82% and national average of 80%.
- A dedicated GP carried out weekly surgeries at a nursing home to help support patients health needs.

**Requires improvement**



### People with long term conditions

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes with an acceptable average blood sugar reading was 72% which is similar to the national average of 78%.
- The practice liaised with local charities to promote services for patients with long-term conditions. For example, it worked with a local diabetes charity to increase the awareness of retinal screening for people with diabetes.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data showed that outcomes for patients for conditions commonly found in children were similar to national averages. For example, 74% of patients with asthma had an asthma review in the preceding 12 months which is similar to the national average of 75%.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 81% of eligible women attended for a cervical screen examination which is similar to the national average of 82% and Clinical Commissioning Group average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a private breast-feeding area and play area in the waiting room designed for young children.
- The practice had conducted health talks to children at the local primary and senior schools focusing upon obesity, exercise, smoking, drugs and anxiety.
- We saw positive examples of joint working with midwives, health visitors and school nurses through regular multi-disciplinary meetings.

**Requires improvement**



# Summary of findings

## Working age people (including those recently retired and students)

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments aimed at people unable to attend in usual hours.
- The practice offered telephone advice for patients unable to attend the surgery in the usual opening hours. Patients could book appointments and order repeat prescriptions online.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice allowed patients who were homeless to use the practice address as their address
- The practice offered longer appointments for patients with a learning disability.
- A total of 55% of patients with a learning disability on the practice register had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice supported vulnerable patients in crisis. For example, the practice supported a GP to attend a court proceeding and act as an advocate for one of its patients.

Requires improvement



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The provider was rated as good for caring and responsive and requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A total of 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- A total of 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months. This was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- All patients experiencing mental health problems were offered an annual physical health check. A total of 58% of eligible patients accepted a health check.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 230 survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and Clinical Commissioning Group (CCG) average of 83%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 73%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and CCG average of 84%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 5 comment cards which were all positive about the standard of care received. Patients commented that staff were courteous, listened to them and always dealt efficiently with their concerns.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought all staff were approachable, committed and caring.

# Cornerways Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a practice manager specialist adviser.

## Background to Cornerways Medical Centre

Cornerways Medical Centre is located in a purpose built building at Parkers Close, Gorley Road, Ringwood, Hampshire, BH24 1SD. The practice is based in a residential area of Poulner, Ringwood, and has approximately 12,000 registered patients.

The practice provides services under a NHS General Medical Services contract and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice is based in an area of low deprivation compared to the national average for England, but an area of high deprivation for the locality. Twenty eight percent of patients at the practice are over 65 years of age, which is higher than the CCG average of 22% and national average of 17%.

The practice has seven GP partners, three of whom are female, as well as employing one female salaried GP. Together the GPs provide care over 44 sessions per week. The GPs are supported by three practice nurses and four health care assistants who provide a range of treatments and are equivalent to just under five whole time equivalent nurses. The practice also employs a phlebotomist. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a

training practice for doctors training to be GPs (registrars) and a teaching practice for medical students. At the time of our inspection, two GP registrars were also working at the practice.

Cornerways Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Wednesday and Thursday from 7am, on Thursday evenings until 7.15pm and every fourth Saturday from 8.30am until 12pm. Appointments with a GP are available until 11.30 am and again from 2.30pm until 6pm daily. The GPs also offer home visits to patients who need them. Care to patients is provided on both floors at Cornerways Medical Centre. The practice has a lift to support patients who are unable to manage stairs.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Dorset and Hampshire Urgent Care service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

The practice operates a branch surgery a few miles away located at 1 Pine Drive, St Leonards, Dorset, BH24 2LN. We did not visit the branch surgery on this inspection. Patients are able to make appointments at either location and staff work across both sites. We visited Cornerways Medical Centre as part of this inspection, which has not previously been inspected by the Care Quality Commission.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, reception, managerial and admin staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. GPs discussed significant events as part of their weekly meeting. Nursing staff were also invited to attend these meetings to provide input and promote learning from significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was given medical advice by a member of the reception staff and advised an appointment was not necessary. The patient's condition meant that they attended accident and emergency. The practice discussed this as a significant event, apologised to the patient and reiterated that non-clinical staff could not provide medical advice to patients. A learning tool was given to reception staff to support this.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to child safeguarding level 3. However, two nurses were not trained to child safeguarding level 2; one nurse had completed level two training in June 2014. Three staff had not completed level 1 training, 13 staff had completed the training in March 2014. The training package in use by the practice recommended that all staff should receive safeguarding training annually. We saw that the practice had arranged an update meeting from the Clinical Commissioning Group (CCG) safeguarding lead GP for July 2016.

- A notice in clinical rooms and the waiting areas advised patients that chaperones were available if required. We were told that nurses performed chaperone duties; however non-clinical staff would perform this role if nursing staff were unavailable. All staff performing chaperone duties received training for the role and a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Clinical staff received additional training and support to ensure their aseptic technique (a method to ensure there is no contamination from microorganisms) remained competent.
- Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the audit identified that all notices in clinical areas should be laminated to prevent infection. The practice duly implemented this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- There were systems in place to monitor the use of blank prescription pads. However, the issue and use of blank prescription forms for computer generated prescriptions were not logged by the practice. Blank prescription forms and pads were stored securely.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files for staff recruited after registration with the Care Quality Commission. We found required recruitment checks had not consistently been undertaken prior to employment. These checks include proof of identification, evidence of satisfactory conduct in previous employment in the forms of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Three of the files did not contain a full employment history. Two of the files did not have evidence of satisfactory conduct in previous employment. This meant the practice could not demonstrate that their recruitment process were consistently effective to protect patients from harm.

### Monitoring risks to patients

Risks to patients were assessed, but were not consistently well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety, however these were not consistently acted upon. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had employed a contractor to conduct a fire risk assessment in March 2015 which identified the practice's fire safety as 'poor'. The practice told us they had not completed any of the actions that were recommended following the risk assessment. For example, the risk assessment

recommended that fire exit signs be installed within one month and that the practice carry out regular fire drills. The practice told us that there were no regular fire drills nor testing of fire alarms.

- The practice had employed a specialist contractor to carry out a full review of health and safety of the practice in February 2016. The contractor provided a list of recommendations for the practice to improve health and safety and suggested time frames for completion. 14 actions were recommended for completion by the end of April 2016, three of which related to fire safety, however none of these had been completed. At the time of our inspection, the practice had completed six of the health and safety actions recommended. For example, the practice had arranged for all gas installations and appliances to be tested for safety. The practice told us they were working with the contractor to address all of the recommendations.
- Electrical equipment had been checked to ensure the equipment was safe to use. Clinical equipment had been regularly checked to ensure it was working properly. The practice had conducted a recent gas safety check risk assessment and a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was a 'holiday protocol' in place to ensure the practice always had sufficient staff available.

### Arrangements to deal with emergencies and major incidents

The practice's arrangements to respond to emergencies and major incidents were not consistently safe.

- There was a panic button available on the computers in consultation and treatment rooms which could alert staff to any emergency.
- The majority of staff had received annual basic life support training for staff. All GPs had received basic life support training in the last 12 months. One clinical member of staff had not completed any basic life support training. One non-clinical staff had not completed any basic life support training.

## Are services safe?

- There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available, however we found that dressings, bandages and eye pads contained within the first aid kit were out of date. Out of date contents ranged from January 2013 to June 2014. We told the practice on the inspection and these were immediately replaced.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 8% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice's exception reporting was lower than the average for the Clinical Commissioning Group (CCG) (11%) and national average (8%).

Data from 2014-2015 showed:

- Performance for diabetes related indicators were comparable to national averages. For example, the percentage of patients with diabetes on the practice register, in whom the last blood pressure reading (in the preceding 12 months) was within acceptable limits was 78%, which is similar to the national average of 78%. The percentage of patients with diabetes with an acceptable average blood sugar was 72% which is similar to the national average of 77%.
- Performance indicators for mental health were better than the national average. For example, 94% of patients

with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months. This was better than the national average of 88% and CCG average of 89%.

- The practice achieved higher figures than the national and CCG average for prescribing. 10% of antibiotics prescribed were non-recommended antibiotics, which is higher than the national average of 5%. The practice told us their prescribing rates were related to prescribing of these antibiotics to treat Ear, Nose and Throat disorders. One of the GPs had a specialist interest in Ear, Nose and Throat and treated a number of conditions, some of which required these antibiotics, which would have otherwise been referred to a specialist. The GP's practice was supported by peer review from specialists. Prescribing of antibiotics was reviewed by the practice on a monthly basis. Updates and reminders were disseminated to staff to ensure that prescribing was in-line with current guidelines. The practice showed us their more recent data for antibiotic prescribing which showed that the prescribing of these antibiotics had reduced to 7% in February 2016.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, in response to a national audit of deaths relating to asthma, the practice conducted an audit to identify patients who were prescribed reliever inhalers. 19 patients were identified, all of whom received a review with a change of medication where appropriate to promote better asthma control. The practice then liaised with the CCG to encourage that prescribing of inhalers was included as a CCG priority.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice changed the review process for patients prescribed certain types of anti-depressant medicines to include an ECG (electrocardiogram, a test to establish normal heart rhythm).
- Information about patients' outcomes was used to make improvements. For example, the practice actively identified patients who were considered to be at risk of developing type 2 diabetes. These patients were offered

# Are services effective?

## (for example, treatment is effective)

a health check to ensure that all appropriate measures were in place and advice given to prevent the development of type 2 diabetes. Practice level data, which had not been externally verified showed that 71% of patients had received a health check.

- A dedicated frailty GP had recently been employed by the practice to manage patients identified by the practice as frail. The GP carried out weekly ward rounds at local nursing homes, conducted home visits and proactively managed the care of these patients. The aim of this GP was to reduce hospital admissions, ensure appropriate care was provided and manage the workload of this patient group for the practice. [EJB1]The GP also liaised with the local teams specialising in the care of older people, such as the local Parkinsons disease team, to ensure that care for patients with these conditions was managed effectively.

### Effective staffing

The practice did not have a training policy to state what training staff required and the frequency they should undertake training. The practice were unable to tell us what training they considered to be mandatory for staff. The practice were aware training was an area for development and had started using an online training package in December 2015 to help address this. The practice showed us records of the online training so far for 23 members of staff. We looked at the training records for infection control, basic life support, fire safety and safeguarding, which the training package recommended should be completed annually, and checked the record against information held in staff files.

12 staff had undertaken recent fire safety training in 2016. However, seven staff had not received any fire safety training, four staff had undertaken training; two of these were in 2010 and two were in 2009. 20 staff had completed basic life support training in the previous 12 months. However, two staff, one of whom was clinical, had not undertaken any basic life support training and one clinical member of staff had not updated this training since March 2015. Three members of staff had completed infection control training in the previous 12 months. Three members of staff had not completed any infection control training. Eight staff had not undertaken infection control training since 2009, one since 2013. Three staff had not completed

level 1 child safeguarding training, 13 staff had completed the training in March 2014. We gave the practice 48 hours to confirm the online records were accurate; no further information was received from the practice.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, we could not find evidence that staff had completed the induction programme. The practice told us there was no formal induction programme for locum staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and family planning issues.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, not all staff had received an appraisal within the last 12 months. Staff had access to and made use of in-house training. However this was not closely monitored by the practice. The practice held set up and hosted a peer support and training group for trainee GPs in the locality.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

# Are services effective?

## (for example, treatment is effective)

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available via referral and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Staff told us they regularly reviewed and discussed any smears returned as inadequate to improve practice.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. A total of 72% of eligible women received breast screening which is comparable to the CCG average of 74% and national average of 72%. A total of 70% of people eligible attended screening for bowel cancer which is higher than the CCG average of 66% and national average of 58%.

Childhood immunisation rates for the vaccinations given were acceptable. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 79% to 99% and five year olds from 90% to 99%, which were comparable to CCG averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Staff told us that health promotion was a priority of the practice and was a focus of all clinical contact with patients.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Low level music played in the downstairs waiting area to reduce the possibility that conversations could be overheard.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Less than 1% of patients registered at the practice had English as a second language.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified just over 1% (approximately 170 people) of patients as carers. A total of 21% of these patients[EJB1] had received a health check. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The partners in the practice had a commitment to provide compassionate end of life care to patients and their families, including supporting them to die in their own home. GPs routinely provided their personal mobile numbers to allow patients to have ready access to GPs including out of hours. GPs visited these patients and provided medical support with end of life care. We were shown practice level data, which has not been externally verified, which showed that in six months, 23 patients were supported by the practice to die in their own home, all of which received a high level of support from the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice has identified that services for adolescent patients were not easily accessible due to their location. The practice liaised with the CCG to ensure services were available more locally.

- The practice offered extended hours every Thursday evening until 7.15pm, and early morning appointments from 7am on Wednesdays and Thursdays. In addition the practice was open every fourth Saturday morning from 8.30am until 12pm. These were aimed at patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A dedicated GP carried out a weekly surgery at a large local nursing home. The aim of the surgeries was to ensure these patients received appropriate care and admissions to hospital could be avoided.
- Same day appointments were available for children and those patients with medical problems that required same day consultations.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, including designated parking areas, and translation services available. Access for patients is via a flat surface pathway, with automatically operated doors.
- The practice offered in-house investigations to patients such as ECG, 24 hour ECG, 24 hour blood pressure monitoring (tests to monitor patients with heart conditions), spirometry and reversibility testing (for patients with chronic lung conditions) and Doppler testing (to check circulation).
- The practice also ran an Ear, Nose and Throat and Dermatology service. The aim of both was to treat

patients with common conditions closer to home and avoid referral to hospital. The GPs involved in running these services received regular peer review from specialist colleagues.

- The practice held 'open meetings' for patients approximately every four months. These were organised by the patient participation group and focussed upon areas patients had identified as important, for example, mental health and diabetes.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm and 2.30pm to 6pm daily. Extended hours surgeries are available every Wednesday and Thursday from 7am, on Thursday evenings until 7.15pm and every fourth Saturday from 8.30am until 12pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. A range of appointment lengths were offered to patients; prebookable 10, 15 and 20 minutes appointments were available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or lower than national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 78% and CCG average of 80%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 83%.
- 31% usually get to see or speak to their preferred GP compared to the national average of 36% and CCG average of 41%.
- 71% describe their experience of making an appointment as good compared to the national average of 73% and CCG average of 78%.

The practice had highlighted to patients that they could make appointments at either Cornerways Medical Centre or the branch site. These offered a range of appointment availability. Patients told us on the day of the inspection that they were always able to get appointments when they needed them. Patients told us that they were satisfied with the opening hours offered across both of the practice's locations. The practice had a self check-in screen for patients to use. However, we observed that at times,

# Are services responsive to people's needs?

(for example, to feedback?)

patients queued to be seen and dealt with by reception staff. On the day of our inspection, there was one member of staff handling patient queries, despite other staff being available to help deal with patient queries.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, on the practice website and on notices around the building.
- We noted that feedback from patients and carers given via the NHS Choices website was responded to and commented upon appropriately by the practice.

- The practice had received 15 letters of thanks from patients in the past 12 months.

The practice had received 36 complaints in the last 12 months. We looked at three complaints and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, a patient complained regarding the care received when presenting to the practice with a potentially life threatening condition. The practice looked at the patient's complaint and appropriately responded to the patient including an explanation and apology and an acknowledgement that the complaint would be further discussed at a practice meeting and a copy of this discussion was sent to the patient. The practice received compliments from an external reviewer, with regard to how this complaint was handled.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

Cornerways Medical Centre has a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners had an annual away day to discuss and review the vision and strategy of the practice and to consider succession planning.

### Governance arrangements

The leadership team did not ensure that suitable governance arrangements were in place. This meant that not all systems and processes in the practice were effective enough to ensure consistently good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to staff, however some of these were due a review. For example, the safeguarding policy referred to the Primary Care Trust, which no longer exists.
- An understanding of the performance of the practice was maintained. The practice conducted an audit of the types of consultations undertaken each month and used this information to plan for future appointment capacity.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these were not consistently acted upon.
- Staff had access to and made use of in-house training, however we found this was not closely monitored by the practice leadership.
- The practice did not have an overarching training plan for staff. They had not identified which training staff required and the regularity with which they required it.

The practice were aware that staff training was an area for development and had recently signed up to an online training package commonly used in general practice to support this.

- The governance arrangements had not ensured that all staff received an annual appraisal and development plan.

### Leadership and culture

On the day of inspection, the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff told us they felt valued by the partners and the management team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, patients were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice held regular social events to support a team approach and to promote staff well-being.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG wanted to improve the experience of patients with hearing difficulties. This was fed back to the practice. The PPG told us staff had changed their approach to people with hearing difficulties, for example by ensuring good eye contact at all times and wearing name badges.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. The practice had recently undertaken a survey of non-clinical staff to gather their views on their training needs. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the nursing team had

requested an adjustment to patient appointment times so they could be present to support colleagues who were learning new roles. This was agreed by the practice. The leadership team in the practice had an 'open door policy'. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning for clinical issues, however for other areas, such as training and health and safety we found continual learning had not been prioritised. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice regularly liaised with four neighboring practices to share services for patients. For example, the practices had jointly purchased a Doppler ultrasound kit to support the diagnosis of vascular problems.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</b></p> <p><b>Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.</b></p> <ul style="list-style-type: none"><li>• The provider had failed to ensure the planning and delivery of staff training in the areas required for them to carry out their role.</li><li>• Recommendations from risk assessments had not been completed in a timely way.</li><li>• An effective system was not in place to ensure the monitoring of blank prescription stationary and first aid equipment.</li></ul> <p><b>This was in breach of regulation 17 (1) (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> |

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>The registered provider did not ensure that persons employed received appropriate support, training, professional development, supervision and appraisal as necessary for them to carry out the duties they were employed to perform.</b></p> <ul style="list-style-type: none"><li>• Not all staff had received regular training required for their role such as in infection control, safeguarding, health and safety, fire safety and basic life support.</li><li>• Not all staff received regular appraisals or received and completed an induction programme.</li></ul> |

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 18 (1) (2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider did not ensure that persons employed for the purposes of carrying out a regulated activity were of good character.

**How the regulation was not being met:**

- Recruitment arrangements did not include all necessary employment checks for staff.

This was in breach of Regulation 19 (1a)(2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.